

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351113
<015>	Study Area Name	BROOKLYN MUTUAL TEL
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Tim Atkinson
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6415229211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	brookmt@netins.net
Form Type		54.313 and 54.422

(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351113
<015>	Study Area Name	BROOKLYN MUTUAL TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Tim Atkinson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6415229211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

[illegible]

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351113
<015> Study Area Name	BROOKLYN MUTUAL TEL
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Tim Atkinson
<035> Contact Telephone Number - Number of person identified in data line <030>	6415229211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

<300> Unfulfilled service request (voice)	0
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<310> Detail on attempts (voice)	Name of Attached Document
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<320> Unfulfilled service request (broadband)	0
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<330> Detail on attempts (broadband)	Name of Attached Document
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(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351113
<015>	Study Area Name	BROOKLYN MUTUAL TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Tim Atkinson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6415229211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmC@netins.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	351113
<015>	Study Area Name	BROOKLYN MUTUAL TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Tim Atkinson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6415229211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
351113ia510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	351113	
<015> Study Area Name	BROOKLYN MUTUAL TEL	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Tim Atkinson	
<035> Contact Telephone Number - Number of person identified in data line <030>	6415229211 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net	
<600> Certify compliance regarding ability to function in emergency situations	Yes	
<610> Descriptive document for Functionality in Emergency Situations	3511131a610.pdf	

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

~~-- See attached worksheet~~

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

<810>	Reporting Carrier	Brooklyn Mutual Telecommunications Cooperative
<811>	Holding Company	Brooklyn Mutual Telecommunications Cooperative
<812>	Operating Company	Brooklyn Mutual Telecommunications Cooperative

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351113
<015> Study Area Name	BROOKLYN MUTUAL TEL
<020> Program Year	2018
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<035> Contact Telephone Number - Number of person identified in data line <030>	6415229211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 351113ia1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 351113ia1030.pdf

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351113
<015>	Study Area Name	BROOKLYN MUTUAL TEL
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<030>	Contact Name - Person USAC should contact regarding this data	Tim Atkinson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

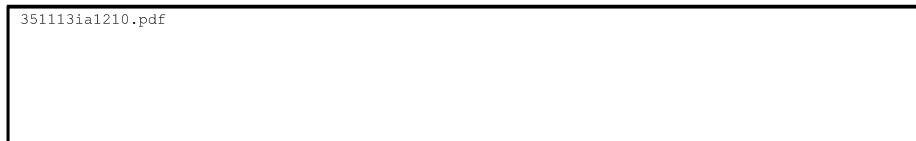
<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	351113
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<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<input style="width: 100px; height: 20px;" type="text"/>	
<2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 180px; height: 60px;" type="text"/>
<2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	<input style="width: 180px; height: 60px;" type="text"/>
<2025A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	
<2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	<input style="width: 180px; height: 60px;" type="text"/>
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		<input style="width: 100px; height: 20px;" type="text"/>

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351113
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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	Yes - Attach Certification	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	351113ia3010.pdf	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	<input checked="" type="radio"/> <input type="radio"/>	
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input checked="" type="radio"/>	
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>	
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>	
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>	
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>	
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>	
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	351113ia3026.pdf

REDACTED – FOR PUBLIC INSPECTION

LINES 3027-3034

LINES REDACTED IN ENTIRETY

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmct@netins.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351113
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<039> Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351113
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<039> Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>BKD LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>BKD LLP</u>
Name of Reporting Carrier:	<u>BROOKLYN MUTUAL TEL</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/21/2017</u>
Printed name of Authorized Officer:	<u>Tim Atkinson</u>
Title or position of Authorized Officer:	<u>General Manager/Compliance Officer</u>
Telephone number of Authorized Officer:	<u>6415229211 ext.</u>
Study Area Code of Reporting Carrier:	<u>351113</u> Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>BROOKLYN MUTUAL TEL</u>
Name of Authorized Agent Firm:	<u>BKD LLP</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/21/2017</u>
Name of Authorized Agent Employee:	<u>Bob Abrams</u>
Title or position of Authorized Agent or Employee of Agent	<u>Sr. Managing Consultant</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>6086649110 ext.</u>
Study Area Code of Reporting Carrier:	<u>351113</u> Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Brooklyn Mutual Telecommunications Cooperative certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Situation

SAC: 351113
State: IA
Name: Brooklyn Mutual Telecommunications Cooperative

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Brooklyn Mutual Telecommunications Cooperative certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2) for its continuing provision of voice and data services.

Brooklyn Mutual Telecommunications Cooperative also complies with Iowa Administrative Code §199-22.6(5), which requires an ETC to certify in its annual report it is complying with provisions to meet emergencies, including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected.

Brooklyn Mutual Telecommunications Cooperative that it has complied with these requirements and will continue to comply with these requirements. In addition, the ETC also complies with all federal rules regarding end user's abilities to function in emergency situations.

REDACTED - FOR PUBLIC INSPECTION

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351113
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<015>	Study Area Name	BROOKLYN MUTUAL TEL
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<020> Program Year 2018

<030> Contact Name - Person USAC should contact regarding this data Tim Atkinson

<035> Contact Telephone Number - Number of person identified in data line <030> 6415229211 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> brookmt@netins.net

<701> Residential Local Service Charge Effective Date

1/1/2017

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351113
<015>	Study Area Name	BROOKLYN MUTUAL TEL
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Tim Atkinson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6415229211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	brookmt@netins.net

[illegible]

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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

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<810>	Reporting Carrier	Brooklyn Mutual Telecommunications Cooperative
<811>	Holding Company	Brooklyn Mutual Telecommunications Cooperative
<812>	Operating Company	Brooklyn Mutual Telecommunications Cooperative

[illegible]

FCC Form 481, Line 1010: Voice Services Rate Comparability

As of January 1, 2017, the ETC's pricing of fixed voice service (reported on line 703 of this filing) is below the current national average urban rate for voice service (\$49.51), as published annually by the Wireline Competition Bureau.

FCC Form 481, Line 1030: Broadband Comparability Compliance

As of January 1, 2017, the ETC's pricing of broadband service (reported on line 711 of this filing) meets the reasonable comparability broadband benchmark, as published annually by the Wireline Competition Bureau.

FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone and broadband internet service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services.

In May 2016, the Federal Communications Commission made many changes to the Lifeline program and added broadband internet access service to the list of subsidized services. However, these changes did not become effective until December 2, 2016.

Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on either one telephone service (home or wireless) or one internet service (home or mobile) per qualified household. Customers will have to choose whether to obtain federally subsidized service from a telephone or broadband provider. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

The rules for demonstrating eligibility for Lifeline have also changed. Households may continue to verify eligibility through proof of participation in Medicaid, the Supplemental Nutrition Assistance Program (SNAP or food stamps), Supplemental Security Income Program (SSI), Federal Public Housing Assistance Program, or Veteran's Pension or Survivor Benefits. Consumers may also qualify if they can provide proof of income below 135 percent of the federal poverty level. Participation in the Low-Income Home Energy Assistance Program (LIHEAP), Temporary Assistance to Needy Families Program, or the National School Lunch Programs will *no longer* be accepted as proof of eligibility.

For more information, please see the Board's 2016 Lifeline Update news release, <https://iub.iowa.gov/sites/default/files/files/media/releases/2016/1201-Lifeline-Program-Changes.pdf>

A Lifeline application form, https://iub.iowa.gov/sites/default/files/files/records_center/forms/telecom/LifelineInfo%26Form.pdf, is available from your local telephone or broadband internet service provider, the Iowa Utilities Board, or most [Community Action Agencies](#) in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Review a [list of participating providers in Iowa](#). Additionally, residents of Tribal lands who are eligible for Lifeline should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone installation benefits.

Re-certification forms are sent to all Lifeline subscribers each year. In order to continue receiving Lifeline assistance, these forms must be completed and returned to the subscriber's telephone or broadband internet provider within 30 days. If the re-certification form is not returned, the telephone or internet provider will discontinue the subscriber's Lifeline assistance.

Information about the [number of customers receiving Lifeline assistance](#) is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board toll free at 1.877.565.4450, or visit www.fcc.gov/lifeline or www.usac.org.

As of December 2, 2016, the minimum standards set by the FCC are as follows:

- Landline: Unlimited local calling
- Wireless voice service: 500 free minutes
- Wireless broadband: 500 megabytes (MB) of data
- Fixed broadband: 150 gigabytes of data; download of 10MB/second; upload speed 1 MB/second

Equal access toll calls are available and are billed at carriers' standard rates for Lifeline subscribers.

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LIFELINE ASSISTANCE SERVICE

A. GENERAL

1. Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill or Broadband Internet Access Service ("BIAS") bill. You may only receive low-income assistance from one wireline or wireless telephone provider, or one BIAS provider per household.
2. Voice and Broadband are now supposed services for the monthly benefit, you will be able to choose what service to apply your Lifeline discount to; Telephone, Broadband Internet Access Services, or Service Bundle, but you can only receive a discount on ONE option per household – phone or Internet.
3. Lifeline-discounted services include:
 - Voice Services:
 - A home landline telephone service
 - Wireless (cell-phone) voice plan – 500 minutes per month
 - Internet/Data Services:
 - Wireless (cell-phone) Data Plan – 500 MB per month at 3G speeds
 - Home Internet service – 10 mbps/1 mbps (download/upload) speeds for home Internet plans
 - (Exception: In areas where the telephone company cannot offer 10 mbps/1 mbps speeds, speeds will be up to 4 mbps/1 mbps.)

B. APPLICATION

1. The customer, who is requesting Lifeline Assistance Service, must provide a signed form, provided by the Company certifying under penalty of perjury that he or she is receiving benefits from one of the programs specified in 1. preceding. The applicant must identify the program or programs from which he or she is receiving benefits, and agree to notify the Company when they no longer participate in the program or programs.
2. Lifeline Assistance Service can only be associated with the primary residential connection.
3. Toll Blocking, as specified in (Toll Restriction Service) Section, is available to Lifeline Assistance customers at no charge.

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LIFELINE ASSISTANCE SERVICE

B. APPLICATION (Continued)

4. Deposit requirements do not apply to a Lifeline Assistance Service customer if the customer voluntarily elects toll blocking service.
5. Lifeline Assistance Service may not be disconnected for non-payment of nonregulated toll charges.

C. ELIGIBILITY REQUIREMENTS

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135% of the Federal Poverty Guidelines (see brochure) **OR** participate in at least one of the following programs:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance
- Veterans Pension and Survivors Benefit Program

D. KEY FACTS

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program;
- Only one Lifeline service is available per household;
- A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses;
- A household is not permitted to receive Lifeline benefits from multiple providers;
- Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

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LIFELINE ASSISTANCE SERVICE

E. RATES AND CHARGES

1. The lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.
2. All recurring and nonrecurring charges for any service ordered by the customer shall be billed at the Service Catalog rates.
3. When a customer is no longer eligible for Lifeline Assistance Service, the lifeline credit amount specified in 1. preceding, will be discontinued and regular Service Cataloged rates and charges will apply.

For more information about Lifeline Assistance please contact the telephone company or visit the USAC Lifeline website at <http://www.universalservice.org/li/default.aspx>

You may download the lifeline and application forms at:

https://iub.iowa.gov/sites/default/files/files/records_center/forms/telecom/lifelineinfo%26Form.pdf

FCC Form 481, Line 3010b: Certification of Public Interest Obligations

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 10Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

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ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY